CARES CENTER

CANCER AWARENESS, RESEARCH,
ENGAGEMENT & SUPPORT

Request for Applications:
Pilot and Feasibility Studies in Persistent Poverty areas across the Cancer Continuum
(RFA-CARES-27-001)

Summary of Funding Opportunity

- Funding: Up to $50,000 in direct costs for 1 year
- Project focus: Cancer prevention and control in persistent poverty areas through multilevel or structural approaches
- Eligibility: Faculty, preference for early-stage investigators
- LOIs Accepted on a Rolling Basis through September 1, 2026
- Full applications due: October 16, 2026
- Start date: May 1, 2027

CARES Center Overview

The CARES Center, led by the University of Alabama at Birmingham (UAB) in partnership with the UAB Comprehensive Healthy Living Research Center and the O'Neal Cancer Center, invites applications for **pilot and feasibility studies to address health drivers across the cancer control continuum in areas characterized by persistent poverty.** **Persistent poverty areas** are here defined as Census tracts with ≥20% of residents living in poverty for ≥30 years.

Project Focus and Priorities

Projects must focus on cancer research related to populations living in persistent poverty areas and may span the cancer control continuum, from prevention through survivorship and palliative care. Topics of interest include, but are not limited to, the following examples:

- Understanding how structural factors (e.g., living contexts, policy) influence risk factors for cancer incidence, survivorship, and mortality (e.g., diet, physical activity, screening). The center's work evaluates changes in living environments (economic, physical, social, and service) and their effects on cancer risk and outcomes, consistent with the Alcaraz framework [Alcaraz et al., 2020].
- Formative work for innovative, community-based, multi-level interventions to reduce the cancer burden, with the potential to lead to sustainable system changes.
- Application of dissemination and implementation science methods to adapt evidence-based interventions for the living contexts of persistent poverty areas and for community sustainability.

Priority will be given to projects that:

- Align with community-identified priorities (e.g., food security, mental health, education, economic development, access to care, transportation). For more information, a report is available upon request.
- Demonstrate clear potential for future external funding (e.g., R01 or equivalent).

Non-Responsive Projects
The following types of projects are not aligned with this RFA:

- Individual-level interventions that do not address structural or system-level factors
- Projects that do not consider sustainability or long-term impact

Example: Interventions to improve colorectal cancer screening at the individual level without addressing referral systems, reimbursement policies, or other structural conditions.

Key Dates

Letter of Intent:	Rolling submissions through September 1, 2026
Full Application Due Date:	October 16, 2026
Anticipated Start Date:	May 1, 2027

Funding
Funding is available for $50,000 in direct costs for 1 year. Faculty salary support is an allowable expense.

Eligibility
Preference will be given to proposals led by early-stage investigators (ESIs). ESI applicants serving as PIs must include a senior faculty mentor with a strong record of NIH funding in a related area. ESIs will participate in training provided by the CARES Career Enhancement Core.

Letter of Intent Instructions
Applicants should submit a Letter of Intent via InfoReady **by September 1, 2026, at midnight** that includes:

1. A one-page project summary including project title, investigators, research question, and a brief description of the project and its relevance to cancer prevention and control in persistent poverty areas and CARES center goals.
2. NIH biographical sketches for PI and mentor, if applicable.

Expected Outcomes and Deliverables
Funded projects are expected to achieve at least one of the following within the 12-month project period:

- Submission of an external grant application (e.g., R01, R21, or other federal/foundation funding mechanism)
- Submission of a manuscript to a peer-reviewed journal
- Presentation of findings at a national or scientific conference
- Development of preliminary data to support a competitive external funding application
- Dissemination of findings to community partners and/or the CARES Community Advisory Board

For questions or to discuss alignment of a potential project, please contact:
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About the CARES Center

The goal of the UAB CARES Center is to reduce the burden of cancer and cancer health drivers in persistent poverty areas by expanding research and research capacity through implementation and evaluation of multilevel interventions to improve cancer outcomes across the cancer control continuum from prevention to survivorship. The Center works to improve health drivers among persons at risk of developing cancer, cancer patients, and survivors, living in persistent poverty areas. More information is available on the [CARES Center website.]

Administrative Core

The Administrative Core assists with budgetary issues and human subjects' projection, including IRB issues. Additionally, the Core will provide support through the UAB Comprehensive Healthy Living Research Center Community Health Coach Core. The Coaches will be available to work with project recipients to assist with identifying partners for implementation of project activities in targeted communities, support recruitment and other research activities, and disseminate research findings to the community as appropriate.

Research and Methods Core

The Research and Methods Core provides consultation on study design, data management, and statistical analysis, with emphasis on applications of statistical principles in exploring multilevel factors influencing disparate cancer outcomes in persistent poverty areas. The Core will provide support with: (1) developing conceptual models that reflect the multilevel factors driving cancer drivers in persistent poverty areas, and pathways for testable research hypotheses; (2) identifying appropriate study designs and use appropriate statistical methods to test hypotheses, with emphasis on multilevel approaches; (3) data management and quality control services; and (4) dissemination and implementation support.

Career Enhancement Core

The Career Enhancement Core supports early-career investigators. Training activities are provided by the CARES center and the NCI Persistent Poverty Initiative Network.

Developmental Core

The Developmental Core supports the development and implementation of funded pilot projects by (1) coordinating with other CARES center cores to utilize their resources for methodologies, intervention development, and identification of community partners; (2) supporting investigators with IRB applications, training, and identifying personnel as needed; and (3) evaluating progress. Support may involve coordinating with existing projects to leverage their personnel and build on the ongoing staff and work, or linking investigators with available resources, such as the Participants Recruitment and Assessment shared facility of the O'Neal Cancer Center. This facility offers recruitment and retention support, survey administration, qualitative interviews, and focus group moderation.

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Project 1: Cancer Prevention through Enhanced EnvironMenT – The Cancer PREEMpT Study (MPIs: Bateman & Oates)
This project will test whether a comprehensive community intervention that improves the neighborhood built and social environments can reduce cancer risk in persistent poverty areas. The specific aims of Cancer PREEMpT include: 1) Assessing whether the enhancement of living (built and social) environments leads to increased public safety, use of parks and community spaces, community events, and prevention services; 2) Determining the effect of improved living environments on community-level perceptions and behaviors related to cancer risk, such as walkability and safety, self-reported physical activity, social cohesion and collective efficacy, and use of preventive care and cancer screening; and 3) Evaluating the impact of improved living environments on self-reported and objective chronic stress (including allostatic load) and healthcare utilization (including cancer screening). Using a multisectoral approach to bring together citizens, organizations, businesses, and local governments to improve their living environment, Cancer PREEMpT will engage community members in five adjacent persistent poverty census tracts in Birmingham, Alabama. After a community-engaged needs assessment, modifications will be made in the built and social environments, followed by an evaluation in Year 5. We will apply sequential explanatory mixed methods assessments using a two-group design with independent samples at pre- (Year 1) and post-intervention (Year 5), and focus groups with residents. To ascertain impact on healthcare utilization, we will compare Electronic Health Records of all residents of the target area receiving care through the UAB Health System with residents of control urban persistent poverty communities. Cancer PREEMpT will fill a research gap by providing evidence for reduced cancer risk in persistent poverty areas through a community-engaged, stakeholder-supported intervention that improves the living environment.

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Project 2: Leveraging Adaptation and Multilevel Implementation Strategies to Address Unique Health Promotion Challenges among Cancer Survivors in Persistent Poverty Areas (LEAP) (MPIs: Rogers & Zubkoff)
The overall goal of this study is to reduce health drivers experienced by cancer survivors and their co-survivors living in primarily persistent poverty areas by improving health behaviors. This study uses established Implementation Science frameworks and significant input from multiple local stakeholders to adapt two efficacious interventions into a new community-delivered LEAP Program, and implement and evaluate this program. Our specific aims are: Aim 1 - Adapt efficacious diet and physical activity interventions designed for cancer survivors (and their co-survivors) to the persistent poverty context and social determinants of health. Building off two efficacious diet and physical activity interventions for cancer survivors (and their co-survivors), BEAT Cancer and RENEW, we will adapt them into the LEAP Program. The adaptation process will focus on acceptability, feasibility, sustainability, and social determinants of health in persistent poverty areas. Aim 2 – Implement the LEAP program in persistent poverty areas using multilevel implementation strategies. We will identify implementation strategies, develop a LEAP Implementation Toolkit, and implement the LEAP program. Aim 3 – Evaluate LEAP program implementation in persistent poverty areas. Using a mixed methods approach, we will examine 3 types of outcomes: implementation (readiness, reach, acceptability, fidelity, sustainability), service (safety, cost), and client (diet quality, physical activity, body mass index, quality of life). We will use a 2-cluster prospective design in which our work will start in 4 persistent poverty census tracts (Cluster 1) and be replicated in the remaining 5 persistent poverty census tracts (Cluster 2) where the other CARES Center project will intervene to improve the living environment (built and social). This will allow us to examine whether persistent poverty living environment improvements enhance the adaptation and implementation of the LEAP program.

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